

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 031 \*\*\*150.00

<b>DOCUMENT # P06000039038</b> 1. Entity Name <b>POWER GENERAL PAINTING, INC.</b>			
Principal Place of Business <b>120 W 9TH STREET #204 HIALEAH, FL 33010</b>		Mailing Address <b>120 W 9TH STREET #204 HIALEAH, FL 33010</b>	
2. Principal Place of Business - No P.O. Box # <b>577 Eisenhower Blvd</b>		Mailing Address <b>577 Eisenhower Blvd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Leging Acres, FL</b>		City & State <b>Leging Acres, FL</b>	
Zip <b>33936</b>		Zip <b>33936</b>	
Country 		Country 	
4. FEI Number <b>20-4540662</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, CARLOS 120 W 9TH STREET #204 HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>Hernandez, Carlos</b> Street Address (P.O. Box Number is Not Acceptable) <b>577 Eisenhower Blvd</b> City <b>Leging Acres</b> <b>FL</b> Zip Code <b>33936</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>HERNANDEZ, CARLOS</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>120 W 9TH STREET #204</b>		NAME <b>Hernandez, Carlos</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33010</b>		STREET ADDRESS <b>577 Eisenhower Blvd</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33010</b>		CITY-ST-ZIP <b>Leging Acres, FL 33936</b>	
TITLE <b>S</b> NAME <b>RODRIGUEZ, LAZARA</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>120 W 9TH STREET #204</b>		NAME <b>Rodriguez, Lazara</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33010</b>		STREET ADDRESS <b>577 Eisenhower Blvd</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33010</b>		CITY-ST-ZIP <b>Leging Acres, FL 33936</b>	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	